

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

05004 131
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? Since June 2, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 East Fifth Street
(If rural, give LOCATION)2(a) If veteran, name War None

3. (a) FULL NAME

FRANKLIN DELANO ROOSEVELT ANDREWS

3. (b) Social Security Number

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) November 9, 1929

8. AGE: Years <u>17</u>	Months <u>6</u>	Days <u>23</u>	If less than one day _____ hrs. _____ min.
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9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Homes Insulating CompanyFATHER 12. Name Walter S. Andrews13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Loretta Kefauver15. Birthplace Frederick County Maryland18. Informant Mrs. Loretta K. AndrewsAddress 102 E. 5th St., Frederick, Md.17. Burial Date thereof 6/7/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Church Hill Reformed CemeteryLocation R. F. D. #4, Frederick, Md.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 4 June 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 47 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 47 to _____ 19 47and that I last saw h. 21 alive on June 4 19 47Immediate cause of death gun shot woundof abdomenDue to _____Due to _____Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____Date of op. _____Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of June 4, 47Where did injury occur? Frederick, Md. (City or town) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury 22 cal. rifle Injured at work? no23. SIGNATURE Rich B... M. D. or other ExAddress Frederick, Md. Date signed 6.4.47

RECEIVED

JUN 6 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05005

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Near Lanesboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Lanesboro, MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel Jessie Baumgardner

3. (b) Social Security Number

none

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1947 at 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 16 1947 to June 29 1947
 and that I last saw him alive on June 28 1947

Immediate cause of death

Chronic hepatitis
nephritis

DURATION

Due to _____

Due to arteriosclerosis

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Legg

M. D. or other

Address Union Bridge Date signed 6-29-47

6. (b) Name of husband or wife

Nettie Eleanor

7. Birth date of deceased (mo., day, yr.)

July 19, 1877

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

691110

hrs.

min.

9. Birthplace

Carroll
 (Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

Moses Peter Baumgardner

13. Birthplace

MD

MOTHER

14. Maiden name

Annie Stambaugh

15. Birthplace

MD

16. Informant

Nettie Eleanor Baumgardner

Address

Lanesboro, MD

17.

(Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

47June 30FrederickFrederick

Registrar

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JUL 2 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318 CB

05006

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County... FrederickCity or town... Knowlville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... West Virginia County... JeffersonCity or town... Kalnaysville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Mary Ellen Bowers

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife... Wm Newton Bowers

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 18808. AGE: Years Months Days If less than one day
67 2 4 hrs. min.9. Birthplace... Jefferson Co. W. Va.
(Town, county, and state)10. Usual occupation... House wife

11. Industry or business

12. Name... John Thompson13. Birthplace... West Virginia14. Maiden name... Bessie Hawley15. Birthplace... West Virginia16. Informant... W. N. BowersAddress... Knowlville Md.17. Buried Date thereof... 6-5-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Rose DaleLocation... Martinsburg W. Va.18. Funeral director... C. H. Gentry & Bro.Address... Brownsville, Md.19. June 3 19 47 Kalhnay N. Brown
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 3 19 47 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 19 47 to June 3 19 47
and that I last saw him alive on June 29 19 47Immediate cause of death... Heart failure
Phonics

Due to...

Due to...

Other conditions... Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

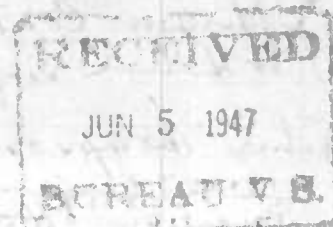
23. SIGNATURE... [Signature] M. D. or otherAddress... Brownsville Md. Date signed 6/5/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/18/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/18/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town White Marsh
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Earl R. Boyd

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of ~~deceased~~ wife Margaret Boyd
6. (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) December 25, 1910

8. AGE: Years 36 Months 6 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Monongahela, Pa.
(Town, county, and state)

10. Usual occupation Electrical Inspector

11. Industry or business _____

12. Name Robert Boyd

13. Birthplace Pennsylvania

14. Maiden name Bell Schoop

15. Birthplace Pennsylvania

16. Informant Margaret Boyd (Wife)

Address White Marsh, Balto. Co., Md.

17. Burial Date thereof June 30, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Monroe Cemetery

Location Donora, Pa.

18. Funeral director M. L. Cragg & Son

Address Thermont, Md.

19. June 27 19 47

(Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 47 at 2:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 19 47 to June 27 19 47 and that I last saw him alive on June 27 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 6 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. Baccin M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 6/27/47

MARGIN RESERVED FOR BINDING

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2

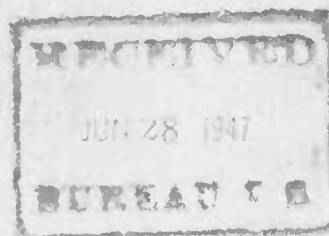
9-4545M

T

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

05907



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05008

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Foxville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Foxville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Theresa Hattie Buhrman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed.
 6. (b) Name of husband or wife Harvey Meade Buhrman
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 7, 1870
 8. AGE: Years 76 Months 10 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Boone County, Illinois
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Housewife.
 12. Name William Need.
 13. Birthplace Maryland
 14. Maiden name Cecilia Ann Buhrman
 15. Birthplace Unknown

16. Informant Mrs Thomas Finch.
 Address 610 Rappolla St., Baltimore, Md
 17. Burial Bethel Date thereof July 1, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Foxville, Md.
 Location M. L. Creager & Son
 18. Funeral director Thurmont, Md.
 Address

19. July 1 1947 Blanche S. Eylee
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1947 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1947 to June 29 1947
 and that I last saw her alive on June 28 1947

Immediate cause of death Cerebral Hemorrhage
 DURATION 5 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James T. Gray M.D. M. D. or other

Address Thurmont Md. Date signed Jan 30/47

MARGIN RESERVED FOR BINDING

VS A15 3-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo.
Hospital, institution, or street address where death occurred:
814 N. Market St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Frederick
City or town Rural, Walkersville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Lillie J. Carmack
4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

3. (b) Social Security Number

6. (b) Name of husband or wife

William E. Carmack 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Sept. 11, 1875
8. AGE: Years 71 Months 9 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace

Frederick Co.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Taylor Lums

12. Name

Frederick Co.

13. Birthplace

Catherine Strine

14. Maiden name

Frederick Co.

15. Birthplace

Wilson J. Carmack

16. Informant

Address 814 N. Market St., Fred., Md.

17. Burial

Date thereof July 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Glade Cemetery

Location

Walkersville

18. Funeral director

J. C. Barton

Address

Walkersville

19. Signature

Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 June 19 47, at 7:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 October 19 46, to 29 June 19 47

and that I last saw him alive on 28 June 19 47

Immediate cause of death

Metastatic carcinoma

bladder pelvis

Due to adenocarcinoma, sigmoid colon

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

Signature James E. Stoner Jr M.D. or other _____

Address Walkersville Md Date signed July 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 3 1947

BUREAU # 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1/17/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 1/17/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1011 S. Highland Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Chriest

3. (b) Social Security Number

212-10-1046

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Madeline Chriest
 6.(c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) May 9, 1911
 8. AGE: Years 36 Months 1 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Printer
 11. Industry or business _____

12. Name George J. Chriest
 13. Birthplace Baltimore, Maryland
 14. Maiden name Margaret Erb
 15. Birthplace New York City, N.Y.

16. Informant Deceased
 Address _____

17. Burial Date thereof June 20, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Trinity Cemetery
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. June 17 19 47
 (Date rec'd by registrar) Registrar J. D. Lynn

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 47 at 8:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 17 19 47 to June 17 19 47 and that I last saw him alive on June 17 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 11 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

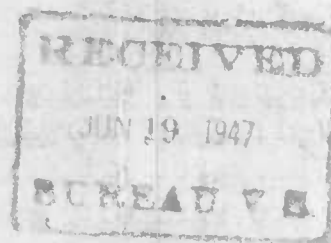
23. SIGNATURE R. B. Baccin M. D. XXX

Address State Sanatorium, Md. Date signed 6/17/47

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

05011

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred: Frederick Memorial Hospital
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Middletown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Serge Eugene Clanderin

3. (b) Social Security Number

233-24-4600

4. Sex male 5. Color or face W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Lupera Clanderin

7. Birth date of deceased (mo., day, yr.) May 15, 1901 6. (c) If alive, give age 46 years

8. AGE: Years 46 Months 1 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Bluefield, W. Va.
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business farming

12. Name S. E. Clanderin

13. Birthplace Alamance Co. N. Carolina

14. Maiden name Molly B. Whitworth

15. Birthplace Bluefield, W. Va.

16. Informant Mrs. Charles Lyda
 Address Middletown, Md.

17. Burial Date thereof June 23, 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Bladhill Co.

Address Middletown, Md.

19. June 23, 1947 Elizabeth G. Hoch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1947 at 10:10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1947 to June 20, 1947 and that I last saw him alive on June 20, 1947

Immediate cause of death _____

Bronchial pneumonia DURATION 10 days

Due to _____

Due to (virus type)

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. S. Harp, M.D. M. D. or other _____

Address Middletown Date signed 6-21-47

RECEIVED

JUN 25 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

Reg. Dist. No. 05012 147

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town..... Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME WADE H. CROWSON

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. AGE: Years 62 Months 6 Days 13 If less than one day
 6. (c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) Nov. 25, 1884

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Produce Dealer
 11. Industry or business

FATHER 12. Name Joseph W. Crowson
 13. Birthplace Virginia
 MOTHER 14. Maiden name Mollie Hall
 15. Birthplace Virginia

18. Informant Mrs. Frances Crowson
 Address Mt. Airy, Md.

17. Burial Date thereof 6-21-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Pine Grove
 Location Mt. Airy, Carroll Co. Md.
 C. M. Waltz
 18. Funeral director
 Address Winfield, Md.

19. June 20, 1947 69 Runkles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1947, at 1:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946, to June 18, 1947
 and that I last saw him alive on June 17, 1947

Immediate cause of death Cardiac decompensation 3 mo

Due to Coronary sclerosis 18 mo

Due to

Other conditions Acute Pulmonary edema 3 da
 (Include pregnancy within 3 months of death)

Major findings of operations none
 Date of op.

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. Stanley Grall
 Address Mt. Airy - Md. Date signed 6/19/47
 M. D. or other

RECEIVED

"2123 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 10/15/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 10/15/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County...
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 923 N. Bentalou
(If rural, give LOCATION)
2. (a) If veteran, name war. ☒

3. (a) FULL NAME

William A. Disney

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of ~~XXXX~~ wife Dorothy Disney
6. (c) If alive, give age 38 years
7. Birth date of deceased (mo., day, yr.) December 21, 1904
8. AGE: Years 42 Months 6 Days 6 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Book-binder

11. Industry or business

12. Name John G. Disney

13. Birthplace Anne Arundel County, Md.

14. Maiden name Caroline Albrecht

15. Birthplace Baltimore, Maryland

16. Informant Deceased

Address

17. Burial Date thereof July 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Moreland Memorial

Location Baltimore, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. June 28 19 47 Registrar J. B. Lynn
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 47 at 7:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 19 46 to June 27 19 47 and that I last saw him alive on June 27 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 22 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Green M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 6/28/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The force of age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 30 1947

BUREAU 58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05014

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since June 18, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 331 Lindbergh Avenue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES WARD DONNAN

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Laura Bates6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) July 5, 18758. AGE: Years 71 Months 11 Days 16 If less than one day
..... hrs. min.9. Birthplace Huntington-Ontario, Canada
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Joseph Donnan13. Birthplace Ontario, Canada14. Maiden name Mary McKee15. Birthplace Ontario, Canada16. Informant Mrs. Laura DonnanAddress 331 Lindbergh Ave., Frederick, Md.17. Cremation Date thereof 6/25/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fort Lincoln CrematoryLocation Washington, D. C.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 23 June 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st, 1947 at 10:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13, 1947 to June 21, 1947
and that I last saw him alive on June 21, 1947Immediate cause of death Parkinson's Disease DURATION 18 + yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Cuh M. D.
M. D. or otherAddress Frederick, Maryland Date signed 6-23-47

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JUN 24 1947

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 518

CERTIFICATE OF DEATH

Reg. Dist. No. 137

05015

1. PLACE OF DEATH:

County... Frederick
City or town... Oldfields
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5.5 lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Oldfields
(If outside city or town limits, write RURAL and give nearest town)
Street No...
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Clarence C. Ruppins

3. (b) Social Security Number

220-10-5527

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed or divorced Married

6.(b) Name of husband or wife Maggie S. Ruppins

7. Birth date of deceased (mo., day, yr.) Aug. 6 - 1884 8.(c) If alive, give age years

8. AGE: Years 62 Months 10 Days 1 If less than one day hrs. min.

9. Birthplace Frederick County, Md
(Town, county, and state)

10. Usual occupation Labourer

11. Industry or business

12. Name Singletown Ruppins

13. Birthplace Maryland

14. Maiden name Sarah Richardson

15. Birthplace Maryland

16. Informant Mrs. Maggie Ruppins

Address Oldfields, Md

17. Buried Date thereof June 10 - 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium First Chapel Cemetery

Location Oldfields, Md.

18. Funeral director Bowell & Spitzler

Address Shutytown Woodshoro, Md

19. June 11 19 47 Geo. D. Crispman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 19 47 at 4:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 19 47, to June 7 19 47

and that I last saw him alive on June 6 19 47

Immediate cause of death Carcinoma Prostate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. W. Lipp M. D. or other

Address Union Bridge Date signed 6/7/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 13 1947
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 138

05016

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 9/11/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 9/11/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Montgomery**
 City or town..... **Silver Spring**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1102 Wayne Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME
Roberta Mae Dymond
 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widow**
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **July 10, 1916**
 8. AGE: Years **30** Months **11** Days **0** If less than one day hrs. min.

9. Birthplace..... **Washington, D. C.**
 (Town, county, and state)
 10. Usual occupation..... **Government Clerk**
 11. Industry or business.....
 12. Name..... **Andrew W. Brown**
 13. Birthplace..... **Washington, D. C.**
 14. Maiden name..... **Henrietta Schultz**
 15. Birthplace..... **Baltimore, Maryland**
 16. Informant..... **Deceased**

Address.....
 17. **Burial** Date thereof..... **June 13, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **Fort Lincoln Cemetery**
 Location..... **Prince Georges Co. Md.**
 18. Funeral director..... **Warner E. Pumphrey**
 Address..... **Silver Spring, Maryland**
 19. **June 11 47** Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 10** 19 **47** at **9:15 PM**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased on **September 11** 19 **46** to **June 10** 19 **47**
 and that I last saw him/her alive on **June 10** 19 **47**

Immediate cause of death.....
Pulmonary Tuberculosis
 DURATION **20 Mos.**

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE..... **R. B. Ballin** M. D. **XXXX**
 Address..... **State Sanatorium, Md.** Date signed **6/11/47**

MARGIN RESERVED FOR BINDING

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VS A15 9-15-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 13 1947

CORRECTION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50 X

CERTIFICATE OF DEATH

05017
Reg. Diat. No. 131

1. PLACE OF DEATH:

County Fredrick
 City or town Fredricks - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months 30 days
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 2 months 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Rosby Ridge R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

M. Annie Eigenbude

3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife none
 7. Birth date of deceased (mo., day, yr.) October 30 1888

8. AGE: Years 58 Months 7 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick Co. Rosby Ridge Md.
 (Town, county, and state)

10. Usual occupation house

11. Industry or business

12. Name Jacob Eigenbude
 13. Birthplace Fredrick County Md.
 14. Maiden name Catherine Elizabeth Ohler
 15. Birthplace Cornwall Co. Md.

16. Informant Mrs. Ruth Eyles
 Address Thurmont. Md.

17. Burial, cremation, or removal, where? Funeral Date thereof June 12-1947
 (month) (day) (year)
 Cemetery or crematory W. B. Cemetery
 Location Thurmont Md.

18. Funeral director M. L. Greger
 Address Thurmont Md.

19. 11 June 1947
 (Date read by registrar) Registrar Elizabeth G. Hatcher

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1947 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1947 to June 10 1947
 and that I last saw him alive on June 7 1947

Immediate cause of death Carcinoma of breast
Multiple metastases
 Due to Lungs
Liver

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

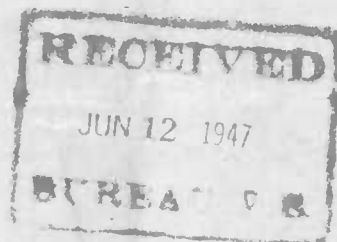
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas Jr. M.D.
Fredrick Md. M. D. or other _____
 Address _____ Date signed June 10, 47



144
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05018

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Woodsboro Route
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Barbara Jean Fogle

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 27, 1946

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

1323

hrs.

min.

9. Birthplace

Woodsboro Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Robert H. Fogle

13. Birthplace

Ladiesburg Md.

MOTHER

14. Maiden name

Helena M. Baker

15. Birthplace

Liberty town, Md.

16. Informant

Robert H. Fogle

Address

Woodsboro Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

June 22, 1947
(month) (day) (year)

Cemetery or crematorium

Rocky Hill

Location

Woodsboro Md.

18. Funeral director

Buell & Hartzler

Address

Woodsboro, Md.

19. Date received by registrar

21 - June 1947Elizabeth G. Hecks

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1947, at 2:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on June 20 1947

Immediate cause of death

Poisoning with
Heroin

DURATION

2 hrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental Date of 6-20-47Where did injury occur? near Woodsboro Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury heroinInjured at work? no

23. SIGNATURE _____

Address Frederick, Md. Date signed 6-20-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 23 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 872

05019

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
 How long in hospital or institution? Since June 9, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Thurmont-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Lewistown
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JUNE FRANCES FOGLE

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) July 16, 1942

8. AGE:

Years

Months

Days

If less than one day

4

10

14

hrs.

min.

9. Birthplace Lewistown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Archie T. Fogle

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Pauline S. Weddle

15. Birthplace

Frederick County Maryland

16. Informant

Archie T. Fogle

Address R. F. D. #1, Thurmont, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 6/12/47

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address Frederick, Maryland19. 12 June 19 47

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 10, 1947 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9, 1947 to June 10, 1947
 and that I last saw him alive on June 9, 1947

Immediate cause of death

Convulsions - unknownetiology - probablyarterial aneurysmDue to arterial aneurysm

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

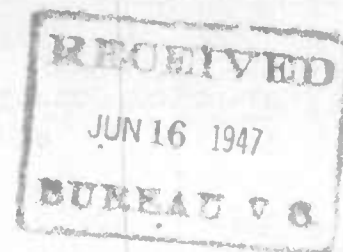
Means of injury _____ Injured at work? _____

23. SIGNATURE Edw. J. Day M. D.Address Woburnville, Md. M. D. or other _____Date signed June 11, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

05020

Reg. Dist. No. 134

1. PLACE OF DEATH:

County **Fredrick**
 City or town **Rural, Emmitsburg, Md.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Maryland** County **Fredrick**
 City or town **Rural**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Emmitsburg, Md.**
 (If rural, give LOCATION)
 2. (a) If veteran, name war **World #1**

3. (a) FULL NAME

Joseph William Glacken

3. (b) Social Security Number

213- 18- 9179

4. Sex **m** 5. Color or race **white** 6. (a) Single, married, widowed, or divorced **married**
Fitz
 6. (b) Name of husband or wife **Fonzey Blanche Glacken**
 6. (c) If alive, give age **42** years
 7. Birth date of deceased (mo., day, yr.) **January 16, 1897**
 8. AGE: Years **50** Months **5** Days **5** If less than one day
 hrs. min.

9. Birthplace **Fredrick Co, Md.**
 (Town, county, and state)
 10. Usual occupation **Laborer**
 11. Industry or business
 12. Name **Michael Glacken**
 13. Birthplace **Fredrick Co, Md.**
 14. Maiden name **Sarah Wolfe**
 15. Birthplace **Fredrick Co, Md.**
 16. Informant **Fonzey Blanche Glacken**
 Address **Emmitsburg, Md.**

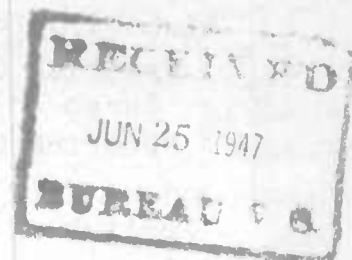
17. **burial** Date thereof **June 24, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Mountain View Cemetery**
 Location **Emmitsburg, Md.**
 18. Funeral director **A. L. Allison**
 Address **Emmitsburg, Md.**

19. **June 24 1947** (Date rec'd by registrar) Registrar **W. Z. Bluff**

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 21 1947** at **2 P**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 21 1947**
 and that I last saw him alive on **June 20 1947**
 Immediate cause of death **Coronary occlusion**
 Due to **arteriosclerotic cardiac vascular disease**
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE **W. R. Cook** M. D. or other
 Address **Emmitsburg, Md.** Date signed **6-27-47**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93e

05021

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
 County... Frederick
 City or town... Sabillasville - rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
GRACIE MAY GRAY.

3. (b) Social Security Number

no

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 B. (b) Name of husband or wife Jacob M. Gray
 7. Birth date of deceased (mo., day, yr.) June 3, 1872 6. (c) If alive, give age... years
 8. AGE: Years 75 Months I Days I If less than one day hrs. min.

9. Birthplace Smithsburg, Washington Co., Md

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Jacob H. Ridenour
 13. Birthplace Middletown, Md.
 MOTHER 14. Maiden name Kesiah Stottlemeyer
 15. Birthplace Wolfsville, Md

16. Informant Miss Nellie Gray
 Address Sabillasville, Md.

17. Burial Date thereof June 7, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Ridge
Thurmont, Md.

18. Funeral director M. L. Creager & SonAddress Thurmont, Md

19. 6/7 1947 JS
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Sabillasville - rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. no
 (If rural, give LOCATION)

2. (a) If veteran, name war no

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1947 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 24 1947 to June 4 1947
 and that I last saw him alive on May 29 1947

Immediate cause of death myocarditis
 DURATION ?

Due to

Due to

Other conditions arteriosclerosis ?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Birch M. D. or otherAddress Thurmont, Md Date signed June 6, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 9 1947

BUREAU 68

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 05022 P31

1. PLACE OF DEATH:

County FrederickCity or town Myersville Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 hrs.

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 4 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lewis

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

July 28, 1873

6. (c) If alive, give age _____ years

8. AGE:

Years

73

Months

10

Days

11

If less than one day

hrs. _____

min. _____

9. Birthplace Myersville Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

FATHER

12. Name Mahlon Green13. Birthplace Myersville, Md.

MOTHER

14. Maiden name Mary Ann Hoffman15. Birthplace Myersville, Md.16. Informant Benjamin GreenAddress Myersville, Md.17. During Date thereof 6-14-47
(Burial, cremation, or removal, etc.) (month) (day) (year)Cemetery or crematory Brother's CemeteryLocation Myersville, Md.Funeral director Blodgett Co.Address Middletown, Md.19. 13 June 19 47 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 47 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 12 19 47 to June 12 19 47and that I last saw him alive on June 12 19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION

13 hrs

Due to _____

Due to _____

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J E Harp MD M. D. or other _____Address Middletown Date signed 6-13-47

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH

WINTER STREET, BOSTON

5 REG.

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JUN 17 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 wks
 Hospital, institution, or street address where death occurred:
Critchley Nursing Home, N. Market St.
 How long in hospital or institution? 3 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

Fannie May Grose

3. (b) Social Security Number

no

4. Sex female 5. Color or race white 6. (a) Single, single, married, widowed, or divorced

6. (b) Name of husband or wife none

6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) October 21, 1857

8. AGE: Years 89 Months 8 Days 4 If less than one day hrs. min.

9. Birthplace Middletown, Fred. Co., Md.
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Samuel L. Grose

13. Birthplace Middletown, Md.

14. Maiden name Anna Rebecca Shaker

15. Birthplace Middletown, Md.

16. Informant Betty Hightman

Address Frederick - Maryland

17. Burial (Burial, cremation, or removal, when?) Funeral Date thereof June 28, 1947
 (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Middletown

Gladhill, C.

18. Funeral director Elizabeth B. Heck

Address Middletown, Md.

19. Date rec'd by registrar June 29, 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1947 at 11:PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20, 1947 to June 25, 1947

and that I last saw him alive on June 21, 1947

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerosis

Due to Arterio Sclerosis

Other conditions Arterio Sclerosis

Major findings of operations Arterio Sclerosis

Autopsy results Arterio Sclerosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Arterio Sclerosis Date of June 25, 1947

Where did injury occur? Arterio Sclerosis (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Arterio Sclerosis

Means of injury Arterio Sclerosis Injured at work?

23. SIGNATURE Elizabeth B. Heck M.D. or other

Address Middletown, Md. Date signed June 27, 1947

RECEIVED
JUL 2 1947
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

05024

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. Home

How long in hospital or institution? Since February 6, 1936

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

Street No. I. O. O. F. Home New Market, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

FRANK HAMMOND

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1871

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>28</u>hrs.min.

9. Birthplace Ridgeville-Carroll-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Rev. Augustus Hammond
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden name Mary Virginia (last name unknown)
15. Birthplace Frederick County Maryland

16. Informant I. O. O. F. Home Records
Address R. F. D. #1, Frederick, Maryland

17. Burial
(Burial, cremation, or removal, which?) Burial Date thereof June 26-1947
(month) (day) (year)
Cemetery or crematory Methodist Cemetery
Location New Market, Maryland
Funeral director M. R. Etchison and Son
Address Frederick, Maryland

18. Funeral director Elizabeth S. Heck
Address Frederick, Maryland
19. 24 June 19 47
(Date registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 19 47, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 47, to June 24 19 47, and that I last saw him alive on June 24 19 47

Immediate cause of death Cerebral hemorrhage DURATION 2 days

Due to

Due to

Other conditions arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Wm. M. Smith M. D.
Address Frederick, Maryland Date signed 6-24-47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 26 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 177

CERTIFICATE OF DEATH

05025

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FREDERICK

City or town BRUNSWICK
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred
607 North Maple Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County FREDERICK

City or town BRUNSWICK
(If outside city or town limits, write RURAL and give nearest town)

Street No. 607 NORTH MAPLE AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

FLORA GERTRUDE HARRINGTON

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

WIDOW

6.(b) Name of husband or wife George W. Harrington

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3rd 1878

8. AGE: Years 69 Months 3 Days 17
If less than one day hrs. min.

9. Birthplace Ind.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name John Keller

13. Birthplace Maryland

14. Maiden name Barker Stuckman

15. Birthplace Maryland

16. Informant Maria Harrington

Address Brunswick Md

17. (Burial, cremation, or removal? Which?) Buried

Date thereof June 23 1947
(month) (day) (year)

Cemetery or crematory Park Heights

Location Brunswick Md

18. Funeral director C. H. Fite & Son

Address Brunswick Md

19. June 22 19 47 Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 20 19 47 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 19 47 to June 20 19 47

and that I last saw him alive on June 20 19 47

Immediate cause of death Cerebral Hem.

DURATION

1 day

Due to

Due to

Other conditions Arteriosclerosis 6/14/47

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kathryn H. Brown M. D. or other

Address Brunswick Md Date signed 6/21/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1178

05026

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since June 13, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Mount Pleasant

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EMMA OLEVIA JOHNSON

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (If single, married, widowed, or divorced) M6. (b) Name of husband or David O. Johnson6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) October 19, 18838. AGE: Years 63 Months 7 Days 24 If less than one day _____ hrs. _____ min.9. Birthplace Mt. Zion-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name George C. Stone
13. Birthplace Frederick County Maryland14. Maiden name Ellen Fraley
15. Birthplace Frederick County Maryland16. Informant David O. Johnson
Address R. F. D. #1, Frederick, Md.17. Burial 6/15/47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet Cemetery
Frederick, MarylandLocation M. R. Etchison and Son
18. Funeral director Frederick, Maryland
Address19. 13 June 1947 Elizabeth G. Hach
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1947 at 12:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1947 to June 13 1947and that I last saw him alive on June 12, 47Immediate cause of death Hemorrhage - Duodenal ulcer

DURATION

Due to _____

Due to _____

Other conditions Cystitis, pyelonephritis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

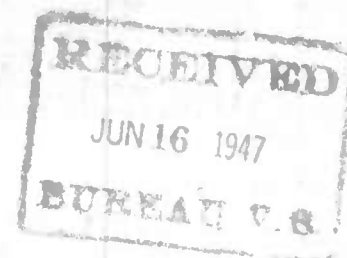
Means of injury _____ Injured at work? _____

23. SIGNATURE E. E. Osterday M. D.Address Wickersville, Md. M. D. other _____Date signed June 13, 47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

05027

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town Rural - W. Woodshoro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick
 City or town Rural, W. Woodshoro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Effie Elizabeth Keeney

3. (b) Social Security Number

4. Sex f 5. Color or race w 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Richard A. Keeney7. Birth date of deceased (mo., day, yr.) Nov. 13 18778. AGE: Years 69 Months 7 Days 17 If less than one day - hrs. - min.9. Birthplace Frederick Co.
(Town, county, and state)10. Usual occupation housewife11. Industry or business -12. Name George W. Keeney13. Birthplace Frederick Co.14. Maiden name Mary E. Cairn15. Birthplace Frederick Co.16. Informant Mr. Richard A. KeeneyAddress Woodshoro, md.17. Burial Date thereof July 3, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rocky HillLocation W. Woodshoro18. Funeral director H. E. BartonAddress Walkersville, md.19. July 2 19 47 L. L. Russell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 47 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 17 19 47 to June 30 19 47and that I last saw him alive on June 28, 47 19 47

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Miscellaneous findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

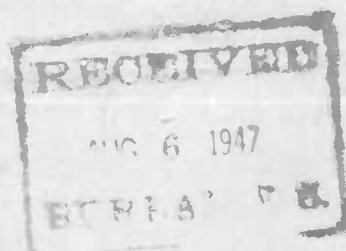
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. S. FootendayAddress Walkersville, Md Date signed July 3, 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05028
131
Reg. Dist. No.

1. PLACE OF DEATH:

County FREDERICKCity or town FREDERICK
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 DAYSHospital, institution, or street address where death occurred:
FREDERICK CITY HOSPITALHow long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CARROLLCity or town RURAL NEW WINDSOR
(If outside city or town limits, write RURAL and give nearest town)Street No. BAILE
(If rural, give LOCATION)2.(a) If veteran, name war None ✓3. (a) FULL NAME HARRY P. LAMBERTMR. NARRY hambert HARRY P. LAMBERT

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife EDITH H. CHREST6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) DEC. 12 18668. AGE: Years 80 Months 5 Days 23 if less than one day
hrs. min.9. Birthplace NEAR NEW WINDSOR
(Town, county, and state)10. Usual occupation FARMER

11. Industry or business

12. Name URIAH P LAMBERT13. Birthplace MARYLAND14. Maiden name EMILY J. EYLER15. Birthplace MARYLAND16. Informant U. MONROE LAMBERTAddress WESTMINSTER, MD.17. BURIAL Date thereof JUNE 6 1947
(Burial, cremation, or some other method) (month) (day) (year)Cemetery or WINTERSLocation NEAR NEW WINDSOR18. Funeral director JOHN R. BYERSAddress WESTMINSTER, MD.19. 4 June 19 47 Elizabeth G. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 47 at 79 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 25 19 47 to June 4 19 47and that I last saw him alive on June 4 19 47Immediate cause of death UremiaDue to urinary obstructionOther conditions Carcinoma Prostate

(Include pregnancy within 3 months of death)

Major findings of operations —Autopsy results — Date of op. —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE EP Thomas M. D.Address Fredensburg Date signed June 4-1947

RECEIVED

JUN 6 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick City Hospital
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Hattie Lawrence

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

John E. Lawrence

7. Birth date of

deceased (mo., day, yr.)

Sept 1, 1871

6. (c) If alive, give age

years

8. AGE:

Years 75 Months 9 Days 19 It less than one day
hrs. min.

9. Birthplace

Frederick Co.,
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Hayden, Jew

12. Name

unknown

13. Birthplace

unknown

14. Maiden name

unknown

15. Birthplace

unknown

16. Informant

Mrs. Geo Mentzer

Address

Detour Md

17. Burial

June 24 1947
(If burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Hughes

Location

New Padesburg Md

18. Funeral director

Bo Sussar

Address

Sanelytown Md

19. Date rec'd by registrar

21 June 1947Elizabeth G. Hoch

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Carroll
City or town Detour
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

✓

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1947 at 11:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 1947 to June 20 1947and that last saw her alive on June 20 1947

Immediate cause of death

Diabetic Coma

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. E. Fosterday
Address Wolkesville Md Date signed 6/21/47

M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05030

1. PLACE OF DEATH:

County FrederickCity or town Rural, Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural, Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MARGARET DUVALL LEWIS

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife R. Rush Lewis6. (c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) May 7, 18708. AGE: Years 77 Months _____ Days 29 If less than one day _____ hrs. _____ min.9. Birthplace Buckeystown, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin Duvall13. Birthplace Ijamsville, Maryland14. Maiden name Anna Margaret Eichelberger15. Birthplace Frederick County, Maryland16. Informant R. Rush LewisAddress Frederick, Maryland17. Burial Date thereof June 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, MarylandFuneral director C. E. Cline & SonAddress Frederick, Maryland19. 6 June 1947 Elizabeth S. Hetch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1947, at 7:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 47 to June 5, 47and that I last saw him alive on May 29 1947Immediate cause of death Chronic myocarditis 20 yr. old

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Elizabeth S. Hetch M.D. or otherAddress Frederick, Md. June 6, 47

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 11 1947

BUREAU 78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05031

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Since June 9, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 421 North Bentz Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

GEORGE WASHINGTON LOWERY

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

8. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Laura Pomeroy

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

January 25, 1862

8. AGE:

Years 85Months 5Days 3

If less than one day

hrs. min.

9. Birthplace Point of Rocks-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

Railroad Employee

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown16. Informant Mrs. Preston E. MossburgAddress 421 N. Bentz St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 7/1/47
(month) (day) (year)Cemetery or crematory St. Pauls CemeteryLocation Point of Rocks, Maryland

18. Funeral director

M. R. Etchison and Son
Frederick, Maryland

Address

19. 30 June 1947
(Date read by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1947 at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 91947to June 281947

and that I last saw him alive on

June 281947

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas

M. D.

M. D. or other

Address Frederick, MarylandDate signed 6-30-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13081

RECEIVED
JUL 2 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 05032
131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 51 years

Hospital, institution, or street address where death occurred:

Visitation ConventHow long in hospital or institution? 51 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. East 2nd St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Mary M' Cafferty (Sister Mary Rita)

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

none

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Mar. 25, 1866

8. AGE:

Years

Months

Days

If less than one day

81217

_____ hrs. _____ min.

9. Birthplace

County Donegal, Ireland
(Town, county, and state)

10. Usual occupation

Nun Visitation Convent

11. Industry or business

Religious

12. Name

John M' Cafferty

13. Birthplace

Ireland

14. Maiden name

Ann M' Cadden

15. Birthplace

Ireland

16. Informant

Sister Mary De Chantil

Address

Visitation Convent Frederick Md

17. Burial

BurialDate thereof June 14, 1947
(month) (day) (year)

Cemetery or crematory

Visitation Convent

Location

Frederick, Md

18. Funeral director

Harry E. Canty Co

Address

Frederick, Md.

19. Date rec'd by registrar

13-June 1947Elizabeth G. Heek

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 47, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 19 47, to June 12 19 47and that I last saw him alive on June 11 19 47Immediate cause of death Acute dilatation heart DURATION 4 days

Due to

Due to

Other conditions

Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

Wm M. Smith M D

M. D. or other

Address Frederick Md Date signed 6-13-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 17 1947

BUREAU 98

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 138

CERTIFICATE OF DEATH

05033

Reg. Dist. No. 139

I. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 5/24/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/24/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 812 W. 35th St.
(If rural, give LOCATION)
2. (a) If veteran, name war ✓

3. (a) FULL NAME

James E. McCauley

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife None 6. (c) If alive, give age None years

7. Birth date of deceased (mo., day, yr.) July 17, 1890
8. AGE: Years 56 Months 11 Days 2 If less than one day None hrs. None min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Decorator

11. Industry or business None

MOTHER FATHER
12. Name William M. McCauley
13. Birthplace Oella, Maryland
14. Maiden name Frances Rice
15. Birthplace Carroll County, Maryland

16. Informant William R. McCauley (Brother)
Address 843 W. 37th St., Balto., Md.

17. Burial Date thereof June 23, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Woodlawn Cem.
Location Baltimore Co. Md.

18. Funeral director Stewart Mowen Co.
Address 108 W. North Ave., Baltimore, Md.

19. June 21 19 47
(Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 19 47 8:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19 47 to June 19 19 47 and that I last saw him alive on June 19 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 8 Mos.

Due to None

Due to None

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations None Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE R. B. Bacon M. D. XXX

Address State Sanatorium, Md. Date signed 6/20/47

MARGIN RESERVED FOR BINDING

VS A15 0-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If there is any doubt as to the cause of death, write "UNKNOWN" and give a brief description of the condition. Physicians: please write the causes of death clearly and legibly. This is especially important.

RECEIVED

JUN 23 1947

BUREAU P.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05034

1700

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural, Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Bruce William Metz

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 11, 19308. AGE: Years Months Days If less than one day
16 8 18 _____ hrs. _____ min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Sprayer-McCain's Orchard

11. Industry or business

12. Name Henry H. Metz13. Birthplace Washington County, Md.14. Maiden name Mary Baker15. Birthplace McKaig, Maryland16. Informant Mr. Henry H. MetzAddress Frederick Md., Route 517. Burial Date thereof July 2, 1947
(Burial, cremation or removal, etc.) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director G. E. Cline & SonAddress Frederick, Maryland19. 1-July 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 June 19 47 at 9:45 p. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19 _____ to 19 _____and that I last saw him alive on never 19 _____Immediate cause of death Fracture base of skull

DURATION

24 hrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

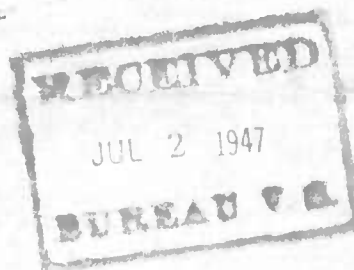
Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 28 June 1947Where did injury occur? Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) U. S. Highway #40Means of injury Auto accident Injured at work? No23. SIGNATURE Charles H. Conley Jr. M.D.
Dep. Med. Examiner M.D. or otherAddress Frederick, Md. Date signed 29 June 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 05035 131

1. PLACE OF DEATH:

County FredricksCity or town Fredricks
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution 2 mths.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredricksCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Daniel Miller

3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

B.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

April 30, 1969

8. AGE:

Years

Months

Days

If less than one day

28521

hrs.

min.

9. Birthplace

Alaska
(Town, county, and state)

10. Usual occupation

Farm Hand

11. Industry or business

Unknown

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Austin Huffer

Address

Middletown, Md.

17. Burial

Burial

(Burial, cremation or removal, etc.)

Date thereof 6-23-47
(month) (day) (year)

Cemetery or crematory

Reform Cemetery

Location

Middletown, Md.

18. Funeral director

Aladhill Co.

Address

Middletown, Md.19. 22 June 19 47

(Date rec'd by registrar)

Registrar

Elizabeth S. Heck

Address

Fredrick, Md.Date signed 6/23/47

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 19 47 at 11:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 26 19 47 to June 21 19 47and that I last saw him alive on June 20 19 47

Immediate cause of death

Diabetes Mellitus
Gangrene left foot

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Huffer, M.D.
M. D. or otherAddress Fredrick, Md. Date signed 6/23/47

DURATION

5 years
2 months

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 25 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 Days
Hospital, institution, or street address where death occurred Frederick Memorial Hospital
How long in hospital or institution? 17 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Knoxville Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Miller Daniel

3. (b) Social Security Number

4. Sex Male 5. Color of race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife California Albert 6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July ? 1876

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Postmaster

11. Industry or business U.S. Government

12. Name John M. Miller

13. Birthplace Virginia

14. Maiden name Goodman

15. Birthplace Virginia

16. Informant Ronald M. Miller

Address Knoxville, Md.

17. Burial Date thereof June 30 1947
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Burkittsville

Location Burkittsville Md.

18. Funeral director C. H. Fuchs + Son

Address Brownsville, Maryland

19. 28 June 1947 Elizabeth J. Heisk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 June 1947 at 9:21 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 June 1947 to 27 June 1947

and that I last saw him alive on 26 June 1947

Immediate cause of death Acute pulmonary edema

Due to Arterio-sclerotic Cardio-renal disease

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Conley, Jr. M.D.

Address Frederick, Md. Date signed 27 June 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 30 1947

BUREAU 76

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05037

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick
City or town Bartholomew Md Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Rural Mr. Bartholomew
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Norman Henry Murry

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

B. (b) Name of husband or wife

Margaret Johnson Murry

7. Birth date of

deceased (mo., day, yr.)

June 10 1904

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

42922

hrs.

min.

9. Birthplace

Browningsville Md.
Med'k Co. (Town, county, and state)

10. Usual occupation

Laborer.

11. Industry or business

12. Name

James Murry

13. Birthplace

Frederick Co. Md.

14. Maiden name

Clara. Cuttail

15. Birthplace

Frederick Co. Md.

16. Informant

Address

Margaret J. Murry
Md. Barry Md. Bartholomew Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

6-30-47
(month) (day) (year)

Cemetery or crematory

Marvin Chapel Cemetery

Location

W. E. Falconer.

18. Funeral director

Address

New Market Md.

19. (Date rec'd by registrar)

June 28 1947Lucian K. Falconer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 28 1947 at 7:47 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1947 to June 28 1947

and that I last saw him alive on

June 26 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 yrs

Due to

Due to

Other conditions

Bronchial Asthma3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ernest P. Roop

M. D. or other

Address

New Market Md.

Date signed

June 29/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1947
BUREAU OF

NEW YORK
JUL 3 1947
U.S. DEPARTMENT OF JUSTICE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488 X

05038

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Three weeks
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? Three weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Montgomery
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

LAVENIA E. NORWOOD

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife William E. Norwood
Husband 6. (c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) October 12, 1891

8. AGE: Years 55 Months 8 Days 7 If less than one day
 hrs. _____ min. _____

9. Birthplace Howard Co., Ind.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name John W. Everly

13. Birthplace Maryland

14. Maiden name Mollie Dorsey

15. Birthplace Baltimore, Md.

16. Informant William E. Norwood

Address Hyattsville, Ind.

17. Buried Date thereof 6-21-1947
 (Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Oak Grove Cemetery

Location Glenwood, Maryland

18. Funeral director W. L. Binkette

Address Hyattsville, Ind.

19. 20 June 1947 Elizabeth G. Hook
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1947 at 1:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 15 1947 to June 19 1947
 and that I last saw him alive on June 19 1947

Immediate cause of death _____

Coccarina Kidneys

Due to Stenosis

Due to _____

Other conditions _____

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

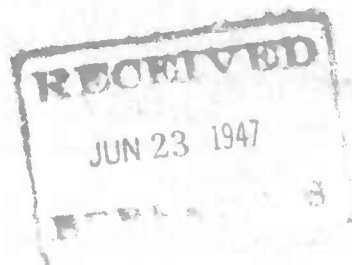
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. P. Thomas M. D.
Frederick, Md. Address _____ Date signed June 19 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

05039

Reg. Dist. No.

134

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age, years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(Month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

47

M. F. Shuff

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 15 - 1947

at 9:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6 - 1947 to June 15 - 1947

and that I last saw him alive on June 15 - 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 Days

Due to

arteriosclerosis

Due to

Other conditions

Chronic interstitial myocarditis, Chronic interstitial nephritis - 5 years

(Include pregnancy within 3 months of death)

Major findings of operations

no operations

Date of op.

Autopsy results

no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

no injury

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

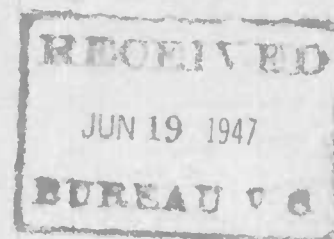
George H. Riggs MD

M. D. or other

Address

Emmitsburg, Md.

Date signed 6-18-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1228

CERTIFICATE OF DEATH

05040

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 weeks.

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Deerfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3.(a) FULL NAME

Gussie May Portner

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

John W. Portner

6.(c) If alive, give age 69 years

7. Birth date of

deceased (mo., day, yr.)

November 10, 1885

8. AGE:

Years

Months

Days

If less than one day

61

6

22

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George Jewel

13. Birthplace

Virginia

MOTHER

14. Maiden name

Unknown

15. Birthplace

Virginia

16. Informant

Mr. John W. Portner

Address

Lantz, Md

17.

(Burial, cremation, or removal, which)

Date thereof June 5, 1947

(month) (day) (year)

Cemetery or crematory

United Brethern

Location

Thurmont, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19.

(Date rec'd by registrar)

June 19, 1947

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2 1947 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 1947 to June 2 1947

and that I last saw her alive on June 2 1947

Immediate cause of death

Isletoma of the heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 2 months of death)

Major findings of operations

Isletoma of the heart

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. P. Thurmont

M. D. or

Address

Date signed

June 3-47

RECEIVED

JUN 6 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **05041**
139

1. PLACE OF DEATH:

County **Frederick**
City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 1/3/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 1/3/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County
City or town **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **1203 Urban Way**
(If rural, give LOCATION)
2. (a) If veteran, name war..... ✓

3. (a) FULL NAME

Leon Price

3. (b) Social Security Number

195-09-0696

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of ~~XXXXXX~~ wife **Lottie Price**
6. (c) If alive, give age **46** years

7. Birth date of deceased (mo., day, yr.) **April 11, 1900**

8. AGE: Years **47** Months **2** Days **5** If less than one day hrs. min.

9. Birthplace **Manticoke, Pennsylvania**
(Town, county, and state)

10. Usual occupation **Plasterer**

11. Industry or business

FATHER 12. Name **Walter Price**

13. Birthplace **Germany**

MOTHER 14. Maiden name **Julia Maza**

15. Birthplace **Germany**

16. Informant **Deceased**

Address

17. **Burial** Date thereof **June 19, 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Nanticoke Cem.**

Location **Nanticoke, Pa.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **June 17** is **47** Registrar **[Signature]**

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 16** 19 **47**, at **6:10 A.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **JANUARY 3** 19 **46** to **June 16** 19 **47** and that I last saw him alive on **June 16** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **20 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. W. Baccin** M. ~~XXXXXX~~

Address **State Sanatorium, Md.** Date signed **6/16/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1947
BUREAU OF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05042

462 X

138

1. PLACE OF DEATH

County

Frederick

Village or City

near Bartholomew, Md.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

Length of residence in city or town where death occurred

4 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Joseph Oliver Rice

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rebecca Rice

6. DATE OF BIRTH (month, day, and year)

December 20, 1854

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

92

7

10

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Retired Farmer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Own Farm

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Fred. Co. Md.

MOTHER FATHER

13. NAME

Adam F. Rice

14. BIRTHPLACE (city or town)
(State or country)

Fred. Co. Md.

15. MAIDEN NAME

Annie Lightner

16. BIRTHPLACE (city or town)
(State or country)

Fred. Co. Md.

17. INFORMANT
(Address)Mrs. Bessie Hyatt
near Bartholomew, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

1947

Burial
Lutheran Methodist Chm.19. UNDERTAKER
(Address)M. R. Cleburne & Son
Frederick, Md.

20. FILED

July 1, 1947

R. R. Zahner

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 30

(Month)

(Day)

1947

(Year)

22.

I HEREBY CERTIFY That I attended deceased from
Dec 16, 1946, to June 30, 1947

I last saw him alive on

June 30, 1947

death is said

to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of Colon
with metastasis

Date of onset

7 mo

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ernest P. Roop
New Market, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05043

830

Reg. Diat. No. 170

1. PLACE OF DEATH:

County FrederickCity or town Rural - Ladisburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural - Ladisburg
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Maggie Gemima Rodgers

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

WidowB. (b) Name of husband or wife George W. Rodgers

7. Birth date of

deceased (mo., day, yr.)

December 2, 1858

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

8860

..... hrs. min.

9. Birthplace

Ladysburg, ~~County~~ Md
(Town, county, and state)

10. Usual occupation

housework

11. Industry or business

own home

FATHER

12. Name

Baltzer most

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Deleplane

15. Birthplace

Maryland

16. Informant

Mrs. Delsie Wagner

Address

Keymar, R #2, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 5, 1949
(month) (day) (year)

Cemetery or crematory

Church of Brethren Cemetery

Location

Rocky Ridge, Md.

18. Funeral director

O. W. Fussell, Son

Address

Fancystown, Md.

19.

Date rec'd by registrar

June 7, 1949L. E. Powell

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1949 at 5:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1949 to June 2, 1949and that I last saw him alive on June 1, 1949Immediate cause of death Heart failure

DURATION

Heart failure

ARKANSAS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUL 5 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

05044

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 8, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 East Patrick Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

AGNES SCHLEY

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1857

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>10</u>	<u>3</u> hrs. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Dr. Fairfax Schley13. Birthplace Frederick, Maryland14. Maiden name Rebecca Steiner15. Birthplace Frederick, Maryland16. Informant Miss Lilian K. SchleyAddress Frederick, Maryland17. Burial 6/3/47

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 June 19 47 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st, 19 47, at 2:45P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 47, to June 1 19 47, and that I met each h. alive on June 1 19 47.Immediate cause of death acute dilatation of heart DURATION 2 days

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Smith M. D.Address Frederick, Maryland Date signed 6-2-47

RECEIVED

JUN 3 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Years
Hospital, institution, or street address where death occurred:
Near Pearl
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Pearl
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME

WILLIAM STEINER SHANKLE

3.(b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Florence V. Harris

6.(c) If alive, give age _____ year
7. Birth date of deceased (mo., day, yr.) November 9, 1861

8. AGE: Years 85 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Retired Painter

11. Industry or business

FATHER 12. Name Philip H. Shankle
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Corrilla Wiles
15. Birthplace Frederick County Maryland

16. Informant Mrs. Harvey C. Boone
Address R. F. D. #1, Frederick, Md.

17. Burial Date thereof 6/22/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Zion Reformed Cemetery
Location Charlesville, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. June 21 19 47 Lillian K. Tolson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th, 1947 at 12:40 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 19 47 to June 20 19 47
and that I last saw him/her alive on June 19 19 47

Immediate cause of death gangrene left foot and lower leg
Due to generalized arteriosclerosis
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Howard W. Calk M. D.
Address Frederick, Maryland Date signed 6-20-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 3 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 05046 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war No

3. (a) FULL NAME

William M. Sheffer

3. (b) Social Security Number

219-20-4930

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 16-1871
 6. (c) If alive, give age _____ years

8. AGE: Years 75 Months 10 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown, Frederick County, Md.
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Geo. P. Sheffer13. Birthplace Middletown, Md.14. Maiden name Amanda Shank15. Birthplace Middletown, Md.16. Informant Mrs. Estie KrogerAddress Middletown, Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof June 12, 1947
 (month) (day) (year)Cemetery or crematory Frederick MemorialLocation Loinden Hill Rd 5- Frederick, Md.18. Funeral director Gledhill Co.Address Middletown, Md.19. June 12, 1947 Registrar Marion Glashell

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1947 at 9:50 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 45 to June 9, 1947and that I last saw him alive on June 7, 1947

Immediate cause of death _____

DURATION suddenlyCoronary Occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J E Harp MDAddress Middletown M. D. or other _____Date signed 6-10-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

05047

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1/3/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 1/3/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 105 W. Fifth St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Ralph Smith

3. (b) Social Security Number

214-14-6016

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) February 20, 1903

8. AGE:

Years

Months

Days

If less than one day

4443

hrs.

min.

9. Birthplace Burkittsville, Maryland

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Calvin Smith

MOTHER

13. Birthplace Burkittsville, Maryland14. Maiden name Abbie Jennings15. Birthplace Burkittsville, Maryland16. Informant Deceased

Address

17. Burial Date thereof June 25, 1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory Louise Valley CemeteryLocation Burkittsville, Md.18. Funeral director A. C. Gladhill CompanyAddress Middletown, Maryland19. June 24 19 47
(Date rec'd by registrar)Registrar OK

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 47 at 12:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead 19 47 to June 23 19 47

Immediate cause of death

Myocardial infarction

DURATION

12 minDue to suicideDue to Far advanced pulmonaryOther conditions etc.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of June 23, 47Where did injury occur? State Sanatorium (City or town) Frederick (County) Frederick (State) Md.Injured at home, farm, industry, public place (where?) State SanatoriumMeans of injury jumped from window Injured at work? no

23. SIGNATURE

Address Frederick, Md. Date signed 6-23-47

RECEIVED

JUN 25 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

05048

83a

1. PLACE OF DEATH:

County Frederick Co MdCity or town Rural Fountain Mills Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick CoCity or town Rural Fountain Mills

(If outside city or town limits, write RURAL and give nearest town)

Street No. Monrovia 2nd

(If rural, give LOCATION)

2. (a) If veteran, name war ✓

3. (a) FULL NAME

Harriett R. Snowden

3. (b) Social Security Number

4. Sex Female 5. Color or race Cal 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Harriet Snowden6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Aug 18 - 18828. AGE: Years 64 Months 9 Days 15 If less than one day hrs. min.9. Birthplace Frederick Maryland
(Town, county, and state)10. Usual occupation Home wife11. Industry or business Home12. Name William Bowe13. Birthplace Maryland14. Maiden name Martha Gray15. Birthplace Maryland16. Informant Mrs. Gray SnowdenAddress Clarksburg Md17. Burial Date thereof June 4 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Fountain MillsLocation Near New Market18. Funeral director Rev W. BarberAddress Lexingtonville Md19. June 3 19 47 Lucian K. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 2 19 47 at 104 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 19 47 to June 2 19 47and that I last saw her alive on June 2 19 47Immediate cause of death Cerebral hemorrhage

DURATION

1 dayDue to Arterio Sclerosis10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ornest P. Roop M.D.

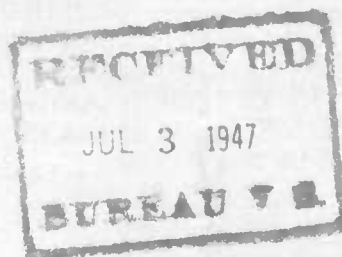
M. D. or other

Address New Market, Md Date signed June 3/47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

Reg. Dist. No. 05049 137

1. PLACE OF DEATH:

County Frederick
City or town Rural, n. Liberty
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Frederick
City or town Rural, n. Liberty town
(If outside city or town limits, write RURAL and give nearest town)
Street No. World War I
(If rural, give LOCATION)
2.(c) If veteran, name war

3. (a) FULL NAME

William Henry Strausburg

3. (b) Social Security Number

213-16-1825

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Lillian Smith

8.(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March, 18, 1891

8. AGE: Years 56 Months 2 Days 13 If less than one day
.....hrs.min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Samuel J. Strausburg

13. Birthplace Carroll Co

14. Maiden name Mary Whiteleather

15. Birthplace Carroll Co.

16. Informant Mrs Lillian Strausburg

Address Fred. Route 1

17. Burial Burial Date thereof June 3, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel

Location n. Liberty town

18. Funeral director G.C. Bostu

Address Walkersville

19. 6-2 1947 Asa O. Bostu
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 47 19..... at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1947 to May 8 1947

and that I last saw him alive on May 7, 47 19.....

Immediate cause of death Hypertensive Cardio Vascular
Renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Easterday M. D. or other
Address Walkersville, Md Date signed June 2, 47

MARGIN RESERVED FOR BINDING

VS A15 9-25-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46 BX

05050

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. East Main
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Elias Anthony Summers

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sallie E. Summers
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) July 27, 1872
 8. AGE: Years 74 Months 11 Days 3 If less than one day hrs. min.
 9. Birthplace Frederick County, Md.
 (Town, county, and state)
Merchant

11. Industry or business

12. Name John Summers
 13. Birthplace Germany
 14. Maiden name Catherine Mackenzie
 15. Birthplace Unknown

16. Informant Mrs. Elias A. Summers
 Address Thurmont, Md.

17. Burial (Burial, cremation, or removal. Which?) July 3, 1947
 (month) (day) (year)
 Cemetery or crematory St. John
 Location Frederick, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Md.

19. July 1 19 47 Blanche S. Eyles
 (Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 47 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 47 to June 30 19 47
 and that I last saw him alive on June 30 19 47

Immediate cause of death Carcinoma of the stomach DURATION 6 Mos.

Due to Carcinoma of the stomach

Due to Carcinoma of the stomach

Other conditions Carcinoma of the stomach

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of the stomach

Date of op. Carcinoma of the stomach

Autopsy results Carcinoma of the stomach

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Carcinoma of the stomach Date of Carcinoma of the stomach

Where did injury occur? Carcinoma of the stomach (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Carcinoma of the stomach

Means of injury Carcinoma of the stomach Injured at work?

23. SIGNATURE Robert Gray M. D. or other N.D.

Address Thurmont, Md. Date signed 6/30/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 years
Hospital, institution, or street address where death occurred:
808 East Patrick Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 808 East Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

MARY JANE LAKE VERBANIC

3. (b) Social Security Number

219-05-0130

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Florian Verbanic

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 30, 1886

8. AGE: Years 61 Months 0 Days 20 It less than one day _____ hrs. _____ min.

9. Birthplace Staunton, Augusta County, Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William Conard

13. Birthplace White's Post, Va.

14. Maiden name Catherine E. Funk

15. Birthplace Pyles Fork, Va.

16. Informant Florian Verbanic

Address Frederick, Maryland

17. Burial Date thereof June 21, 1947
(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Frederick Memorial Park

Location Linden Hills, Maryland

C. E. Cline & Son

18. Funeral director Frederick, Maryland

19. 20 June 19 47 Elizabeth S. Heck
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 19 47 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 19 47 to June 19 19 47 and that I last saw him alive on June 18 19 47

Immediate cause of death Coronary Thrombosis DURATION

Due to Chronic Myocarditis with Aneurysmal Fibillation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D. M. D. or other

Address Frederick, Md Date signed 6/20/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 23 1947
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05052

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Frederick
City or town Rural Yellow Springs
(If outside city or town limits, write RURAL and give nearest town)
Street No. rural Route # 3
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Willie Walter Wastler

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Mary Wastler
dead 6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Feb 11 1873
8. AGE: Years 74 Months 4 Days 1 It less than one day _____ hrs. _____ min.

9. Birthplace Ellerton, Frederick Co., Md
(Town, county, and state)

10. Usual occupation Farm

11. Industry or business

12. Name David Wastler

13. Birthplace Ellerton, Fred. Co., Md

14. Maiden name Mary Palmer

15. Birthplace Ellerton, Fred. Co., Md

16. Informant Hazel Tyler

Address Frederick, Route 3

17. Burial Date thereof June 14, 1947
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Pleasant Hill

Location Frederick Route 3

18. Funeral director Harry E. Garty, Co

Address Frederick, Md.

19. 14 June 19 47 Elizabeth Y. Hecker
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 47 at 1030 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 47 to June 11 19 47

and that I last saw him alive on June 11 19 47

Immediate cause of death Cardiac Vascular Renal Decar
Arteriosclerosis

DURATION 3 years

Due to _____

Due to _____

Other conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H Lawrence Fahmy MD

Frederick Md M. D. or other _____

Address _____ Date signed 6-13-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17 1947
BUREAU C 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

05053

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Albert Lawson Wise

3. (b) Social Security Number

214-10-5630

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Norma M. Wise7. Birth date of deceased (mo., day, yr.) Feb. 6, 18836. (c) If alive, give age 64 years8. AGE: Years 64 Months 3 Days 29 hrs. _____ min. _____9. Birthplace Middletown, Frederick County, Md.
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name Charles Wise13. Birthplace Middletown, Md.14. Maiden name Norma M. Derr15. Birthplace Middletown, Md.16. Informant Norma M. WiseAddress Middletown, Md.17. Burial Date thereof 6-7-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Glathill Co.Address Middletown, Md.19. June 7 19 47 Miss Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1947 at 9:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 to June 5, 1947and that I last saw him alive on June 3, 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE JE Harp M. D. or other _____Address Middletown Date signed 5-6-47

